

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>NO</i>	<i>71534</i>	<i>02-05-00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Mr</i>	<i>6-4870</i>	<i>4-5</i>

INDEX OF CLAIMS

< Rejected N Non-elected
 " Allowed I Interference
 (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	2/12/01
2	2/12/01
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Claim	Date
Final Original	
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Claim	Date
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150	2/12/01

If more than 150 claims or 10 actions
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